

## Sworn Statement In Proof of Loss

**Insured:** Louise Graves / The Graves Property

**Policy Number:** 03630939

**Claim Number:** 300-0219080-2020

**To:** Auto Owners Insurance Company 3003 Greystone Square Jackson, TN 38305

At time of loss, by the above indicated policy of insurance you insured **3523 East End Drive Humboldt, Tennessee 38343** against loss by direct physical damage to the property described according to the terms and conditions of said policy and of all forms, endorsements, transfers and assignments attached thereto.

**Time and Origin:** Wind/Hail event that occurred on or about May 4, 2020.

**Occupancy:** The structure described, or containing property described, was occupied at the time of the loss as follows, and for no other purpose whatsoever: **Car Dealership**

**Title and Changes:** At the time of the loss, the interest of your insured in the property described therein was **Owners**. No other person or persons had any interest therein or encumbrance thereon except: None Since the said policy was issued, there has been no assignment thereof, or change of interest, use, occupancy, possession, location, or exposure of the property described except: **N/A**.

**AMOUNT CLAIMED:** The AMOUNT CLAIMED under the above numbered policy number is **\$ 529,735.50 (Pending appraisal)**

**AMOUNT OF ACV:** **\$ 476,761.95**

**NET AMOUNT TO BE PAID:** The NET AMOUNT TO BE PAID, after deductible **\$ 528,735.50 (pending appraisal)**

**STATEMENTS OF INSURED:** The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State Of TN

Insured: Louise Ann Graves

County of Gibson

Subscribed and sworn to before me this 21 day of December, 2020

Personally Known to Me Louise A. Graves

Notary: Deborah L. Graves

My commission expires: 12-22-20

